

MAIL TO:

STATE OF UTAH
 DIVISION OF PURCHASING
 3150 STATE OFFICE BUILDING, STATE CAPITOL
 P.O. BOX 141061
 SALT LAKE CITY, UTAH 84114-1061
 TELEPHONE (801) 538-3026
<http://purchasing.utah.gov>

Request for ProposalSolicitation Number: **RM5019**Due Date: **10/19/04 at 3:00 P.M.**

Date Sent: September 22, 2004

Agency Contract

Goods and services to be
 purchased:

SUBSTANCE ABUSE TREATMENT NEEDS SURVEY**Please complete**

Company Name		Federal Tax Identification Number	
Ordering Address	City	State	Zip Code
Remittance Address (if different from ordering address)	City	State	Zip Code
Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government	Company Contact Person		
Telephone Number (include area code)	Fax Number (include area code)		
Company's Internet Web Address	Email Address		
Discount Terms (for bid purposes, bid discounts less than 30 days will not be considered)	Days Required for Delivery After Receipt of Order (see attached for any required minimums)		
<p>The following documents are included in this solicitation: Solicitation forms, instructions and general provisions, and specifications. <u>Please review all documents carefully before completing.</u></p> <p>The undersigned certifies that the goods or services offered are produced, mined, grown, manufactured, or performed in Utah. Yes ____ No _____. If no, enter where produced, etc. _____</p>			
Offeror's Authorized Representative's Signature		Date	
Type or Print Name		Position or Title	

**STATE OF UTAH
DIVISION OF PURCHASING**

Request for Proposal

Solicitation Number: RM5019

Due Date: 10/19/04

Vendor Name:

SUBSTANCE ABUSE TREATMENT NEEDS SURVEY PER ATTACHED RFP.

QUESTIONS ON SPECIFICATIONS CALL MERRY REED AT (801) 538-4268.

QUESTIONS ON PURCHASING PROCESS (NOT RELATED TO SPECIFICATIONS) CALL ROSELLE MILLER AT (801) 538-3232.

RX: 200 52000000004

COMMODITY CODE: 95206

REQUEST FOR PROPOSAL - INSTRUCTIONS AND GENERAL PROVISIONS

1. PROPOSAL PREPARATION: (a) All prices and notations must be in ink or typewritten. (b) Price each item separately. Unit price shall be shown and a total price shall be entered for each item bid. (c) Unit price will govern, if there is an error in the extension. (d) Delivery time of services and products as proposed is critical and must be adhered to. (e) All products are to be of new, unused condition, unless otherwise requested in this solicitation. (f) Incomplete proposals may be rejected. (g) This proposal may not be withdrawn for a period of 60 days from the due date. (h) Where applicable, all proposals must include complete manufacturer's descriptive literature. (i) By signing the proposal the offeror certifies that all of the information provided is accurate, that they are willing and able to furnish the item(s) specified, and that prices offered are correct.

2. SUBMITTING THE PROPOSAL: (a) The proposal must be signed in ink, sealed, and if mailed, mailed in a properly-addressed envelope to the DIVISION OF PURCHASING, 3150 State Office Building, Capitol Hill, Salt Lake City, UT 84114-1061. **The "Solicitation Number" and "Due Date" must appear on the outside of the envelope.** (b) Proposals, modifications, or corrections received after the closing time on the "Due Date" will be considered late and handled in accordance with the Utah Procurement Rules, section 3-209. (c) **Your proposal will be considered only if it is submitted on the forms provided by the state. Facsimile transmission of proposals to DIVISION will not be considered.** (d) All prices quoted must be both F.O.B. Origin per paragraph 1.(c) and F.O.B. Destination. Additional charges including but not limited to delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose must be included in the proposal for consideration and approval by the Division of Purchasing & General Services (DIVISION). Upon award of the contract, the shipping terms will be F.O.B. Destination, Freight Prepaid with freight charges to be added to the invoice unless otherwise specified by the DIVISION. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose will be paid by the state unless specifically included in the proposal and accepted by DIVISION. (e) By signing the proposal the offeror certifies that all of the information provided is accurate and that he/she offers to furnish materials/services for purchase in strict accordance with the requirements of this proposal including all terms and conditions.

3. SOLICITATION AMENDMENTS: All changes to this solicitation will be made through written addendum only. Bidders are cautioned not to consider verbal modifications.

4. PROPRIETARY INFORMATION: Suppliers are required to mark any specific information contained in their bid which is not to be disclosed to the public or used for purposes other than the evaluation of the bid. Each request for non-disclosure must be accompanied by a specific justification explaining why the information is to be protected. Pricing and service elements of any proposal will not be considered proprietary. All material becomes the property of the state and may be returned only at the state's option. Proposals submitted may be reviewed and evaluated by any persons at the discretion of the state.

5. BEST AND FINAL OFFERS: Discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements. Prior to award, these offerors may be asked to submit best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by a competing offeror.

6. SAMPLES: Samples, brochures, etc., when required, must be furnished free of expense to the state and if not destroyed by tests may, upon request made at the time the sample is furnished, be returned at the offeror's expense.

7. DIVISION APPROVAL: Contracts written with the State of Utah, as a result of this proposal, will not be legally binding without the written

approval of the Director of the DIVISION.

8. AWARD OF CONTRACT: (a) The contract will be awarded with reasonable promptness, by written notice, to the lowest responsible offeror whose proposal is determined to be the most advantageous to the state, taking into consideration price and evaluation factors set forth in the RFP. No other factors or criteria will be used in the evaluation. The contract file shall contain the basis on which the award is made. Refer to Utah Code Annotated 65-56-21. (b) The DIVISION can reject any and all proposals. And it can waive any informality, or technicality in any proposal received, if the DIVISION believes it would serve the best interests of the state. (c) Before, or after, the award of a contract the DIVISION has the right to inspect the offeror's premises and all business records to determine the offeror's ability to meet contract requirements. (d) The DIVISION will open proposals publicly, identifying only the names of the offerors. Proposals and modifications shall be time stamped upon receipt and held in a secure place until the due date. After the due date, a **register** of proposals shall be established. The **register** shall be open to public inspection, but the proposals will be seen only by authorized DIVISION staff and those selected by DIVISION to evaluate the proposals. The proposal(s) of the successful offeror(s) shall be open for public inspection for 90 days after the award of the contract(s). (e) Utah has a reciprocal preference law which will be applied against bidders bidding products or services produced in states which discriminate against Utah products. For details see Section 63-56 20.5 -20.6, Utah Code Annotated.

9. ANTI-DISCRIMINATION ACT: The offeror agrees to abide by the provisions of the Utah Anti-discrimination Act, Title 34 Chapter 35, U.C.A. 1953, as amended, and Title VI and Title VII of the Civil Rights Act of 1964 (42 USC 2000e), which prohibit discrimination against any employee or applicant for employment, or any applicant or recipient of services, on the basis of race, religion, color, or national origin; and further agrees to abide by Executive Order No. 11246, as amended, which prohibits discrimination on the basis of sex; 45 CFR 90 which prohibits discrimination on the basis of age, and Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990, which prohibits discrimination on the basis of disabilities. Also offeror agrees to abide by Utah's Executive Order, dated March 17, 1993, which prohibits sexual harassment in the workplace. Vendor must include this provision in every subcontract or purchase order relating to purchases by the State of Utah to insure that the subcontractors and vendors are bound by this provision.

10. WARRANTY: The contractor agrees to warrant and assume responsibility for all products (including hardware, firmware, and/or software products) that it licenses, contracts, or sells to the State of Utah under this contract for a period of one year, unless otherwise specified and mutually agreed upon elsewhere in this contract. The contractor (seller) acknowledges that all warranties granted to the buyer by the Uniform Commercial Code of the State of Utah applies to this contract. Product liability disclaimers and/or warranty disclaimers from the seller are not applicable to this contract unless otherwise specified and mutually agreed upon elsewhere in this contract. In general, the contractor warrants that: (1) the product will do what the salesperson said it would do, (2) the product will live up to all specific claims that the manufacturer makes in their advertisements, (3) the product will be suitable for the ordinary purposes for which such product is used, (4) the product will be suitable for any special purposes that the State has relied on the contractor's skill or judgement to consider when it advised the State about the product, (5) the product has been properly designed and manufactured, and (6) the product is free of significant defects or unusual problems about which the State has not been warned. Remedies available to the State include the following: The contractor will repair or replace (at no charge to the State) the product whose nonconformance is discovered and made known to the contractor in writing. If the repaired and/or replaced product proves to be inadequate, or fails of its essential purpose, the contractor will refund the full amount of any payments that have been made. Nothing in this warranty will be construed to limit any rights or remedies the State of Utah may otherwise have under this contract.

11. DEBARMENT: The CONTRACTOR certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared

ineligible, or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. If the CONTRACTOR cannot certify this statement, attach a written explanation for review by the STATE.

12. GOVERNING LAWS AND REGULATIONS: All State purchases are subject to the Utah Procurement Code, Title 63, Chapter 56 Utah Code Annotated 1953, as amended, and the Procurement Rules as adopted by the Utah State Procurement Policy Board (Utah Administrative Code Section R33). These are available on the Internet at www.purchasing.utah.gov.

(Revision 14 Mar 2003 - RFP Instructions)

**REQUEST FOR PROPOSAL
UTAH “SUBSTANCE ABUSE TREATMENT NEEDS” SURVEY**

SOLICITATION # RM5019

I. PURPOSE:

The purpose of this Request for Proposal (RFP) is to enter into a contract with a qualified firm to conduct a statewide telephone survey of substance use, and need for substance abuse treatment in Utah.

It is anticipated this RFP may result in a contract award to a “single contractor”.

This RFP is designed to provide interested Offerors with sufficient basic information to submit proposals meeting all stated requirements, but is not intended to limit a proposal’s content or exclude any relevant or essential data. Offerors are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement.

II. GENERAL INFORMATION:

A. ISSUING OFFICE AND RFP REFERENCE NUMBER:

The State of Utah Division of Purchasing is the issuing office for this document and all subsequent addenda relating to it, on behalf of the Department of Human Services, Division of Substance Abuse and Mental Health (DHS/DSAMH). The reference number for the transaction is Solicitation # RM5019. This number must be referred to on all proposals, correspondence, and documentation relating to the RFP.

B. PROPOSAL SUBMISSION:

One Original and Five identical copies of your proposal must be received at:

State of Utah, Division of Purchasing
Room, 3150 State Office Building
Salt Lake City, Utah 84114

prior to the closing date and time specified. Proposals received after the deadline will be late and ineligible for consideration.

C. LENGTH OF CONTRACT:

The Contract resulting from this RFP will be for a period of fifteen months. A review of the survey information will occur at the end of the original contract period and DHS/DSAMH may determine the need to extend the contract for a period of months up to one additional year.

D. PRICE GUARANTEE PERIOD:

The Contract resulting from the RFP will contain a fixed dollar amount and all Offeror pricing must be guaranteed for the entire term of the contract.

E. STANDARD CONTRACT TERMS AND CONDITIONS:

Any Contract resulting from this RFP will include the State’s standard terms and conditions. These may be accessed at: <http://www.purchasing.utah.gov/contractinfo/TermsAgency.pdf>

F. QUESTIONS:

All questions must be submitted in writing and may be submitted to: **Merry E. Reed,**
DHS/DSAMH Contract Analyst, Via email at: mereed@utah.gov; or via fax at: **801-538-9892.**

Questions must be submitted at least 10 days prior to the due date of this RFP. Questions received after that date may not be answered. Answers will be given via an addendum posted on the Division of Purchasing website prior to the RFP response due date.

G. DISCUSSIONS WITH OFFERORS (ORAL PRESENTATION):

An oral presentation by an Offeror to clarify a proposal may be required at the sole discretion of the State. However, the State may award a Contract based on the initial proposals received without discussion with the Offeror. If oral presentations are required, they will be scheduled after the submission of proposals. Oral presentations will be made at the Offeror's expense.

H. PROPRIETARY INFORMATION:

The proposal of the successful Offeror becomes public information. Proprietary information can be protected under limited circumstances such as client lists and non-public financial statements. Pricing and service elements are not considered proprietary. An entire proposal may not be marked as proprietary. Offerors must clearly identify in the Executive Summary and mark it in the body of the proposal any specific proprietary information they are requesting to be protected. The Executive Summary must contain specific justification explaining why the information is to be protected. Proposals may be reviewed and evaluated by any person at the discretion of the State. All materials submitted become the property of the State of Utah and may be returned only at the State's option.

I. CONSIDERATION OF PROPOSALS:

The State of Utah may award a contract based on the initial proposals received, without discussion of such proposals. According, each initial proposal should be submitted with the most favorable price and service standpoint. The State reserves the right to reject any or all proposals received. **Failure to respond to each required item may eliminate the proposal from further consideration.**

III. DETAILED PROJECT SCOPE OF WORK:

A. DESCRIPTION OF PROJECT:

The Offeror will conduct a statewide survey of 5,200 adult respondents through a telephone survey. The purpose of the telephone survey is to randomly, throughout the day, survey adults on "Substance Use" and "The Need For Substance Abuse Treatment In Utah" The survey consists of the existing State Treatment Needs Assessment Program (STNAP) questionnaire updated to meet the needs of the current survey.

B. PROJECT OBJECTIVES / OUTCOMES:

The Offeror will perform survey research of 5,20 Utahans statewide through the STNAP questionnaire. The survey Sampling of the State of Utah will assist DHS/DSAMH in determining the needs of Treatment for Substance Use.

C. SAMPLING:

The sample will be stratified on a County level, with the exception of Salt Lake County. Salt Lake County surveys will be expected to be reasonably spread among the county zip codes. Three to four strata, to be determined jointly with the Contractor will be made up of clusters of zip codes. The final sample should have a margin of error of no more than +/- 5%, at a 95% confidence level for each strata.

D. PRE-TEST AND SURVEY QUESTIONNAIRE:

The Contractor will use the updated STNAP questionnaire in the survey.

1. Contractor Pre-Test: The Contractor will pre-test and initially survey 25 respondents to finalize the questionnaire design. The Contractor will:
 - a. Codebook: provide the frequency of codebook data from the pre-testing interviews,
 - b. Modifications: make any requested modifications and revisions,
 - c. Valid Responses: work with DHS/DSAMH to ensure the collection of valid survey responses,
 - d. Pre-Test Method: establish a method for pre-testing the questionnaire, NOTE: The pre-test interviews will not be included as part of the overall 5,200 interviews for the survey. (The draft survey is Appendix 3).
 - e. Timeline: adhere to a timeline for submitting preliminary pre-testing frequency data that is clean, and output print for initial review by DHS/DSAMH.
2. Contractor Responsibilities: The Contractor will:
 - a. Phone Numbers: be responsible for providing phone numbers for the survey.
 - b. Final Sampling Plan: assist DHS/DSAMH in developing a final sampling plan. The minimum requirements are:
 - 1) Sample Size: the sample size will be approximately 5,200 adult respondents statewide.
 - 2) Stratification: the sample will be stratified on a County level, with the exception of Salt Lake County. Salt Lake county surveys will be expected to be reasonably spread among the county zip codes. Three to four strata, to be determined jointly with the Contractor, will be made up of clusters of zip codes.
 - 3) Margin of Error: the final sample should have a margin of error of no more than + / - 5% at a 95% confidence level for each strata.

E. INTERNAL REVIEW BOARD (IRB):

The Contractor will provide all assistance necessary to gain required approval for the project through the DHS/DSAMH Internal Review Board in a timely manner.

F. ADDITIONAL SURVEY REQUIREMENTS:

1. CATI System: Conduct interviews in a central interviewing facility using Computer-Assisted Telephone Interviewing (CATI) or similar software system to pre-test the questions and conduct the interview.
2. Interview Schedule: Conduct survey interviews during the day, evening and weekends to ensure that a representative sample of Utahans are contacted.

3. Interviewer Training: Employ interviewers who are ready to work, and trained in the basics of standardized survey interviewing techniques, including non-influential probing, prompting, clarification, and other aspects of appropriate demeanor prior to the initiation of the survey. Train interviewers on the use of the CATI or similar system, the survey, and the policies, procedures, and protocol provided by DHS/DSAMH.
4. Bilingual Interviewers: Approximately 10% of the surveys will be conducted in Spanish. The Contractor will have available bilingual Spanish-English speaking interviewers during all interviewing hours. Bilingual interviewers conduct telephone survey interviews speaking from a translated questionnaire provided by DHS/DSAMH.
5. Interview Length: The survey interview is designed to take an average of 20 minutes to administer to each adult respondent once the screening criteria have been met and their cooperation has been elicited.
 - a. Questionnaire Modification: After survey pre-testing has been completed and average length of interview established, the questionnaire may be modified, subject to DHS/DSAMH approval, to accommodate the given contracted interview length.
 - b. Survey Length: Survey calls can range in interview time from "0" to "60" minutes. A small percentage of respondents may be eligible to answer all questions in the survey.
6. Weighting:
 - a. Finalize Plan: Work with DHS/DSAMH to finalize the sampling plan, making suggestions to reduce bias where necessary; provide advice on weighting; and do the weighting for this project.
 - b. Unit of Analysis: The unit of analysis is the respondent.
 - c. Weighting Requirements: The weighting will incorporate unequal numbers of residential phone lines into household, overall proportions by age, race and sex, and non-response.
7. Interviewer Supervision:
 - a. Interviewer Monitoring: Supervise all interviewers and monitor their performance continuously.
 - b. Number Monitored: A supervisor will monitor no more than eight interviewers at one time.
 - c. Supervisor Interviewing: Supervisory personnel will not conduct telephone interviews while they are supervising interviewers.
 - d. Supervisor Monitoring: Supervisors will monitor at least 10% of all calls made by interviewers.
8. Conduct Survey Interviews: Interviews will be completed according to the following criteria:
 - a. Respondent Selection: The respondent will be an adult, 18 or older, randomly selected from adults in all Utah households with telephones. The "latest birthday method" will be used to select the appropriate respondent in a household.
 - b. Sample Size: The sample will include approximately 5,200 adult Utahans. The sample will be stratified on a County level, with the exception of Salt Lake County, which will be stratified by zip code.
 - c. Telephone Numbers: Telephone numbers for interviews will be selected using an electronic or hand method.

- d. Callback Attempts: A minimum of eight (8) attempts will be made to call each randomly selected residential phone number and each respondent within the household at that phone number.
 - 1) A system shall be in place to optimize callback attempts so that phone numbers are called at different times of the day and different days of the week to maximize the survey's response rates.
 - 2) No more than three (3) daytime calls will be made unless the interviewer has sufficient justification to warrant that the potential respondent is available during the day.
 - e. Scheduled Callback Appointments: A system shall be in place to allow and schedule callback appointments at a specified time. The system will:
 - 1) Complete interviews partially completed.
 - 2) Call respondents back at times more convenient.
 - 3) Call respondents back at times when, based on the outcomes of prior calls, the target respondents are more likely to be at home.
 - 4) The scheduling system should allow the interviewer to enter the dates and times for the interviews and alert interviewers to call respondents at the scheduled time.
 - f. Refusal Conversions: Re-contact all interview break-offs and refusals at least once by an experienced interviewer to attempt to convert them to a completed interview.
 - g. Rules of Replacement: The Rules of Replacement, described in Appendix #2, for ineligible phone numbers.
 - h. Survey Response Rate: A minimum response rate of 70% will be achieved by:
 - 1) controlling the sample phone numbers, and
 - 2) assuring an adequate number of callbacks and refusal conversion attempts have been made.
9. Bi-Weekly Updates: The Contractor will provide bi-weekly updates, on the disposition of all phone numbers used in the study, to the DHS/DSAMH via email.
10. Call Outcomes Reports:
- a. Once data collection has begun, reports on call outcomes and frequencies of survey responses will be directed to DHS/DSAMH every two weeks through electronic medium (e.g.: email, CD, Zip Disk, etc).
 - b. A final Outcome Report is required within 30 days of completing the 5,200 Telephone Surveys, or at the direction of the Director, DHS/DSAMH.
11. Survey Completion:
- a. All telephone surveys will be completed within 10 months from the start date of the contract unless DHS/DSAMH approves an extension.
 - b. A final project report is required within 60 days of survey completion. The report will include a description of the data collection, methodology, response count, and the final survey data cleaned and delivered to the Division an electronic medium.

IV. DHS/DSAMH WILL:

- A. Draft the Questionnaire, including skip patterns and other logic, in English and Spanish. The questions in the survey will be obtained from the STNAP survey.
- B. Complete the Department IRB packet. The Division will complete the IRB packet necessary to gain department approval.

- C. Work with the Contractor to develop the final sampling plan. Work with the Contractor to ensure the sampling strategy employed is cost effective and efficient. Final approval for the sampling plan will come from the DHS/DSAMH.
- D. Revise the Survey, in collaboration with the Contractor once the pre-test process is completed (e.g.: rewording of questions, change to data collection protocol), and approve the final survey.
- E. Provide survey specifics, policies and procedures for this survey.
- F. Periodically conduct on-site visits to the Contractor to validate contract terms.

V. PROPOSAL RESPONSE FORMAT:

This section constitutes the major portion of the Offeror's Proposal and requires a **specific point-by-point response and reference to each of the requirements identified below**. The purpose is to obtain detailed information regarding the Offeror's ability to meet or exceed the requirements of this RFP. The items in this section are mandatory and the Offeror's response to each will allow DHS/DSAMH to evaluate the Offeror's ability to provide the service requested in this RFP.

A. RFP FORM:

The State's Request for Proposal form completed and signed.

B. EXECUTIVE SUMMARY:

The Offeror's proposal will be described in a one or two page executive summary. This summary should highlight the major features of the proposal and identify any supporting information considered pertinent. It must indicate any requirements that cannot be met by the Offeror, and identify any request for "Proprietary" information

C. ASSIGN A POINT OF CONTACT:

Provide one point of contact for all activities related to this contract.

D. CHECKLIST:

The Offeror will verify they have met each of the Technical Requirements of this RFP.

E. DETAILED DISCUSSION:

This section should constitute the major portion of the proposal and must contain at least the following information:

1. Narrative Overview: Provide a detailed narrative overview of the Offeror's assessment of the work to be performed and the ability to complete those aims, along with the resources necessary to meet the requirements of this RFP.
2. Scope of Work –TECHNICAL: Items listed below require a detailed response:
 - a. Contractor Pre-Test: Describe the method for pre-testing the questionnaire in the proposal. (The draft survey is included in Appendix 3)
 - b. Timeline: Provide a timeline for submitting preliminary pre-testing frequency data that is clean, and output printed for initial review.
 - c. Phone Numbers:

- 1) List Balance: Describe how the phone list will be balanced to maintain appropriate stratification. If list assistance is used, describe how sample bias will be mitigated.
 - 2) Obtaining Phone Numbers: Describe in detail how phone numbers will be obtained (i.e. random digit dialing, list assistance).
 - d. Interviewer Training: Describe the method for training the interviewers.
 - e. Bilingual Interviewers:
 - 1) Routing System: Describe the system to be used to route Spanish speaking respondents to Spanish speaking interviewers.
 - 2) Flag: Create a flag in the database distinguishing the Spanish speaking interviews from the English interview.
 - f. Weighting Requirements: Describe the method used for weighting. The weighting will incorporate unequal numbers of residential phone lines into household, overall proportions by age, race, sex, and non-response.
 - g. Scheduled Callback Appointments: Describe the system to be put in place to allow and schedule callback appointments at a specified time as described in Section III, F, 3, e.
 - h. Refusal Conversions: Describe the method used to re-contact all interview break-offs and refusals.
 - i. Survey Response Rate: Describe the method of controlling the sample phone numbers, to achieve a minimum response rate of 70%.
3. Project Timeline: Provide an estimated timeline for the completed project. This may be an overall estimate of time. A finalized timeline will be required within one week of contract must substantially mirror this estimate.
 4. Sample Codebook: Detail a brief sample of a codebook, including the item frequencies (percentages and counts for each response category for each item).
 5. References: Provide three (3) references of other similar survey projects (e.g., health surveys, surveys of substance abuse, etc.) conducted by your organization. References should demonstrate organization capacity to perform the current survey project. Include name of reference organization, name of contact, address, telephone number, and a brief description of work completed for the reference organization.
 6. Resumes: Provide brief resumes of staff members who will be assigned to this project.
 7. Staff Assignments: Percentage of time each staff member will be assigned to this project.

F. COST PROPOSAL:

The Offeror must submit a cost proposal allowing the performance merits of the proposal to be evaluated, independent of the costs. To facilitate a comparison of prices, each Offeror must submit their costs on the Cost Proposal sheet (see Attachment 1).

VI. APPENDIX:

OFFEROR INFORMATION: The Offeror will submit the following information, statements, and/or documents in an Appendix. The required documents will be organized in the order shown under tabs labeled with the headings indicated below:

A. LEGAL NAME:

The Offeror's full legal name to be used if awarded a Contract.

B. AUTHORIZED REPRESENTATIVE:

Name(s), title, and phone number of the person(s) authorized to represent the Offeror in any negotiations and to sign any contract awarded under this RFP.

C. MAILING ADDRESS:

The street, and mailing address, of Offeror's business office.

D. BILLING ADDRESS:

Billing address for all contract payments if a contract is awarded to Offeror.

E. CERTIFICATION OF INCORPORATION:

Certified copy of certificate of incorporation or other duly issued authorization to do business.

F. TAX FORMS:

A W-9 Form, "Request for Taxpayer Identification Number (TIN) and Certification" completed and signed by Offeror (W-9 forms can be obtained at the IRS web site: <http://www.irs.gov/formspubs/index.html> or a local Internal Revenue Service office), OR, if Offeror does not yet have a TIN, verification of its application for a TIN. (Offerors who submit the latter must provide the DHS/DSAMH with a completed and signed W-9 form before any contract awarded the Offeror will be initiated.)

VII. PROPOSAL EVALUATION CRITERIA:

A committee will evaluate proposals against the following weighted criteria. The Offeror will address each area of the evaluation criteria, in detail, in the Proposal.

WEIGHT AND EVALUATION CRITERIA		
40%	Cost:	Total Cost on Cost Proposal
40%	Scope of Work:	Offerors Detail on Scope of Work
10%	Experience:	Demonstrated Experience and ability to meet the Scope of Work
10%	Timeline:	Ability of the Offeror to meet the timeline.

Appendix #1

CALLBACK RULES

- A. A call record must be attempted at least eight (8) times if it has not reached a final disposition code.
- B. A call record cannot be called more than three (3) times during any one calling occasion.
- C. At least two (2) call attempts will be made in each type of calling occasion (weekday, weeknight, and weekend) before a number is considered to have reached its maximum call attempts of eight (8).
- D. Definitions:
- Weekday:** calls made at or **before** 5:00 PM on a weekday (Monday to Friday).
- Weeknight:** calls made **after** 5:00 PM on a weekday (Monday to Friday).
- Weekend:** calls made on Saturday or Sunday.
- F. All calls will be documented and a list of phone number disposition categories will be provided to DHS/DSAMH. This list will include, at a minimum, the following categories:
- Completed interview*
 - Scheduled callback
 - Partial completed interview
 - Known non-working number*
 - Business number*
 - Group housing number*
 - Answering machine
 - No answer
 - Busy
 - Initial fast busy (fast busy encountered once)
 - Final fast busy (fast busy encountered twice)*
 - Initial fax/modem (one occurrence)
 - Final fax/modem (two occurrences)*
 - Initial refusal (some household member other than the target respondent has refused to participate)
 - Final refusal (a second household refusal, or the target respondent refuses to participate)*
 - Language other than English or Spanish*
 - Physical/mental impairment*
 - Eight (8) calls completed (no more than three (3) daytime calls)*
 - Eight (8) calls completed (no more than three (3) total daytime calls and no interim dispositions were encountered other than fast, fast busy, and no answer)*
 - Ineligible (no adults 18 or over)*
 - No callbacks required

Appendix # 2

RULES OF REPLACEMENT

Code	Disposition	Rule
01	Completed Interview	Do not replace
02	Refused interview	Replace after second refusal or when a first-time refusal will not be called a second time
03	Non-working number	Usually recognized by a recording or a fast busy signal. Includes number changed recordings. Call operator or repair service when in doubt. Replace.
04	Ring no answer	A normal telephone ring that no one answers (answering machines do not count as an answer). After 8 calling attempts with a mix of weekday, weeknight and weekend – if possible verify if the number is in service – then replace.
05	Not a private residence	The person answering identifies the number as a business or answers no when asked if this is a household. This includes institutions, group homes, pagers, fax machines, and computer modems. Replace
06	No eligible respondent at this number	The household does not include anyone 18 years or older (this does not mean the adults are away temporarily). Replace.
07	Selected respondent not available during the interviewing period.	The selected respondent will not be available or could not be reached during the time allotted for the interview period. Replace.
08	Language barrier	The selected respondent does not speak English or Spanish well enough to be interviewed.
09	Interview terminated within questionnaire	A hang up at some point after the first question has been asked. Make another attempt to complete the questionnaire. Replace if 2 nd attempt is unsuccessful. If after 2 nd attempt respondent completes the interview through demographic section, record as completed interview.
10	Line busy	To be coded only after 8 calling attempts with a mix of weekday, weeknight and weekend – if possible verify if the number is in service – then replace.
11	Respondent unable to communicate due to physical or mental impairment.	For example, respondent is deaf. Replace.

Appendix # 3

**STATE TREATMENT NEEDS ASSESSMENT PROGRAM
(STNAP)**

FORM APPROVED:

OMB No. 0930-XXXX

Approval Expires ____/____/____

Interview Start Time _____ a.m. _____ p.m. [circle one]

APPENDIX D STNAP SURVEY CORE PROTOCOL QUESTIONNAIRE



DRAFT - PENDING OMB APPROVAL

DECEMBER 10, 2001

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-xxxx.

STNAP SURVEY QUESTIONNAIRE

December, 2001

INTERVIEWER'S CODE NUMBER: _____

DATE AND TIME INTERVIEW BEGAN:

DATE: (MM:DD:YY)	____ ____ ____	
TIME: (HH:MM)	____ ____	AM =1 / PM =2: ____

[INTRODUCTION TO PERSON FIRST ANSWERING AND THE PERSON SELECTED TO BE INTERVIEWED.]

Hello, my name is _____, and I am calling from _____. We are conducting a voluntary survey for _____ on health issues, including the use of alcohol and drugs. The State needs the results to plan for health services for its citizens. The interview will take an average of about ____ minutes.

We need your help to make this study as accurate as possible. Your telephone number was chosen randomly, and your participation is important for the study's validity. We do not have your name or address, and your responses will not be linked to your phone number. All information you give us will be kept strictly anonymous and no individual data will be reported. May I proceed?

INSTRUCTIONS TO INTERVIEWER

Throughout the interview, response categories for don't know and refused have been inserted where appropriate. Whenever one of these choices applies to a question, follow the "GOTO" directions for the "NO" response unless otherwise instructed.

Never read the "DON'T KNOW" and "REFUSED" response categories or any capitalized and bolded text to the respondent. Do not leave response categories blank; use zero if appropriate.

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-xxxx.

SCREENING QUESTIONS

- S1. Have I reached a household, or is this a group quarters, such as a dormitory, shelter, nursing home, or institution?
- 1 **Household** (GO TO S2)
 - 2 **Group Quarters** (GO TO J1a)
 - 7 **DON'T KNOW**
 - 8 **REFUSED**
- S2. How many people live in your household, including yourself?
- _____ **# PEOPLE**
- 77 **DON'T KNOW**
 - 88 **REFUSED**
- S2a. How many of the people who live here are adults? A dult includes everyone age 18 and older. (IF NO ADULTS LIVE IN THE HOUSEHOLD, GO TO J1a)
- _____ **# ADULTS**
- 77 **DON'T KNOW**
 - 88 **REFUSED**
- S3. How many different **telephone numbers** do you have in this household? Do not count any numbers that are used only for FA X machines, computers, business numbers, or extensions that use the same number. Also do not count cell phones.
- _____ **# OF TELEPHONES** (IF MORE THAN 3, CONFIRM THAT IT IS A RESIDENCE. IF IT IS NOT, GO TO J1a)
- 7 **DON'T KNOW**
 - 8 **REFUSED**
- S4. Can you tell me, of the adults who now live in your household — including yourself — who had the most recent birthday? Who would that be? (EXPLAIN AFTER RESPONSE): We interview whoever had their birthday most recently to make our choice totally random.
- (PERSON WITH MOST RECENT BIRTHDAY OF THOSE 18 OR OLDER):
- 1 **RESPONDENT** Then you're the one I want to talk to (GO TO S8)
 - 2 **SOMEONE ELSE** (GO TO S6)
 - 3 **ONLY KNOWS OWN BIRTHDAY** Then you're the one I want to talk to (GO TO S8)
 - 4 **DOESN'T KNOW ALL BIRTHDAYS** (GO TO S5)
 - 8 **REFUSED** (GO TO J1a)
- S5. (IF PERSON DOESN'T KNOW ALL BIRTHDAYS) — Of those 18 or older whose birthdays you do know, who has had the most recent birthday?
- 1 **RESPONDENT** Then you're the one I want to talk to (GO TO S7)
 - 2 **SOMEONE ELSE** (GO TO S6)

- S6. (IF SOMEONE ELSE) May I speak to that person?
- 1 TRANSFERRED TO NEW PERSON (GO TO S7)
 - 2 PERSON NOT AVAILABLE (GO TO S9)
- S7. (READ INTRODUCTION TO NEW PERSON.) Am I speaking to a member of the household who is at least 18 years old?
- 1 YES, PERSON AGREES TO INTERVIEW (GO TO S8)
 - 2 QUALIFIES, BUT REFUSED TO INTERVIEW (GO TO J1a)
 - 3 DOES NOT QUALIFY (ASK FOR ANOTHER PERSON) (GO TO S5)
 - 7 DON'T KNOW (GO TO J1a)
 - 8 REFUSED (GO TO J1a)
- S8. Can we start the interview now?
- 1 YES (GO TO SECTION A)
 - 2 NO (GO TO S9)
 - 7 DON'T KNOW
 - 8 REFUSED

[IF PERSON NOT AVAILABLE TO BE INTERVIEWED NOW, RESCHEDULE.]

S9. Could you suggest a convenient time for me to call back to reach...

(IF RESPONDENT) you? What is your first name?

(IF OTHER PERSON) this person? What is the first name of this person?

[RECORD FIRST NAME AND DATE /TIME TO RETURN CALL. NEGOTIATE ANOTHER TIME AS SOON AS CONVENIENT.]

FIRST NAME: _____

DATE: (MM:DD:YY)	___ ___ ___	
TIME: (HH:MM)	___ ___	AM =1 / PM =2: ___

A. CORE DEMOGRAPHICS

A 1. Please tell me how old you are now.

_____ YEARS OLD (RANGE 18-110. IF LESS THAN 18 GO TO J1b)

777 DON'T KNOW

888 REFUSED

[FROM THE SOUND OF THE RESPONDENT'S VOICE INFER SEX.]

A 2. So you are a _____-year old [male] [female], is that correct?

1 MALE

2 FEMALE

A 3. What language would you like to be interviewed in? [STATE HAS THE CHOICE TO USE THIS QUESTION]

1 English (USE ENGLISH QUESTIONNAIRE)

2 Spanish (USE SPANISH QUESTIONNAIRE)

3 Either is O.K. (USE ENGLISH QUESTIONNAIRE)

A 4. Are you of Hispanic or Latino(a) origin or background? (USE "(a)" FOR FEMALE)

1 YES (GO TO A 4a) 7 DON'T KNOW

2 NO (GO TO A 5) 8 REFUSED

A 4a. Which of these groups best describes you?

1 Mexican / Mexican American / Chicano(a) (USE "(a)" FOR FEMALE)

2 Puerto Rican

3 Central or South American

4 Cuban / Cuban American

5 Other [DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]

(SPECIFY) _____

7 DON'T KNOW

8 REFUSED

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-xxxx.

A 5. Which of these groups describes you? Select one or more groups.

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Native Hawaiian or Other Pacific Islander
- 5 Asian
- 6 Other [DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]
(SPECIFY) _____
- 7 DON'T KNOW
- 8 REFUSED

[ASK A5a IF MORE THAN ONE RACE WAS SELECTED IN A5.]

A 5a. Which one of these groups, [READ GROUPS NAMED IN A5], best describes you?

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Native Hawaiian or Other Pacific Islander
- 5 Asian
- 6 Other [DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]
(SPECIFY) _____
- 7 DON'T KNOW
- 8 REFUSED

NOTE TO OMB REVIEWER: As in the approved National Household Survey on Drug Abuse (OMB # 0930-0110), one race label is needed for assigning a person weight, for non-response adjustment, to ensure that sample counts match the census demographic population counts, and for detailed statistical analyses.

A 6. Are you currently on active duty in the armed forces?

- | | |
|-------------------|--------------------------|
| 1 YES (GO TO J1c) | 7 DON'T KNOW (GO TO J1c) |
| 2 NO (GO TO A7) | 8 REFUSED (GO TO J1c) |

A 7. During the past 12 months, would you say your physical health has been excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 7 DON'T KNOW
- 8 REFUSED

A 7a. In the past 12 months, how many times have you seen a health professional (such as a doctor or nurse) for any physical health problems?

_____ # OF TIMES
77 DON'T KNOW
88 REFUSED

A 8. During the past 12 months, would you say your emotional or psychological health has been excellent, very good, good, fair, or poor?

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR
7 DON'T KNOW
8 REFUSED

A 8a. In the past 12 months, how many times have you seen a health professional (such as a counselor or therapist) for any emotional or psychological problems?

_____ # OF TIMES
77 DON'T KNOW
88 REFUSED

A 9. Do you currently have health insurance coverage?

1 YES (GO TO A 9a) 7 DON'T KNOW
2 NO (GO TO SECTION B) 8 REFUSED

A 9a. Now I will ask you who pays for your insurance. Please answer yes or no to each question.

(READ EACH TYPE. CODE AS FOLLOWS)

1 YES 7 DON'T KNOW
2 NO 8 REFUSED

Is at least some of your insurance paid for by	CODE
1 You or your family?	
2 Employer or union?	
3 Public assistance (Welfare, Medicaid, etc.)?	
4 Medicare?	
5 Military health care?	
6 Other? (SPECIFY) _____	

B. TOBACCO PREVALENCE

Now I am going to ask you a series of questions about your use of cigarettes.

B1. Have you **ever** smoked part or all of a cigarette?

- 1 YES
- 2 NO (GO TO SECTION C)
- 7 DON'T KNOW
- 8 REFUSED

B1a. Have you smoked at least 100 cigarettes in your entire life?

- 1 YES
- 2 NO [STATE HAS THE CHOICE TO SKIP TO QUESTION B6 OR B7]
- 7 DON'T KNOW
- 8 REFUSED

B2. How old were you the **first time** you smoked part or all of a cigarette?

- _____ YEARS OLD (CODE 76 FOR 76 OR MORE)
- 77 DON'T KNOW
- 88 REFUSED

B3. How long has it been since you **last** smoked part or all of a cigarette?

- 1 Within the past 30 days
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 7 DON'T KNOW
- 8 REFUSED

B4. (IF B3 = 1 ASK B4a. IF B3 = 2 OR 3, ASK B4b.)
B4a. During the past 30 days, on how many days did you smoke part or all of a cigarette?
B4b. During the 30 days when you last smoked, on how many days did you smoke part or all of a cigarette?
<div style="text-align: center;"># OF DAYS (RANGE 1 - 30)</div> <div> 77 DON'T KNOW 88 REFUSED </div>

B 5. (IF B3 = 1 ASK B5a. IF B3 = 2 OR 3, ASK B5b.)
B 5a. During the past 30 days, how many cigarettes did you smoke per day, on average?
B 5b. During that same 30 days, how many cigarettes did you smoke per day, on average?

- 0 About 2 packs or more a day —
 1 About 1 1/2 packs a day —
 2 About 1 pack a day —
 3 About 1/2 pack a day —
 4 2 to 5 cigarettes per day
 5 1 cigarette per day
 6 Less than one cigarette per day
 7 DON'T KNOW
 8 REFUSED

[STATE HAS THE CHOICE TO USE QUESTION B6 OR B7]

Now I am going to ask about your use of other tobacco products.

B 6. Please answer yes or no to each question. In the past 12 months, did you even once ...

- 1 YES
 2 NO
 7 DON'T KNOW
 8 REFUSED

ENTER CODES FOR QUESTION B6 OPTION	B6.
a. use chewing tobacco or snuff?	
b. smoke part or all of any type of cigar?	
c. smoke tobacco in a pipe?	

B 7. During the past 12 months, on how many days during an average month did you ...

_____ # OF DAYS (CODE 76 FOR 76 OR MORE)

- 77 DON'T KNOW
 88 REFUSED

ENTER CODES FOR QUESTION B7 OPTION	B7.
a. use chewing tobacco or snuff?	
b. smoke part or all of any type of cigar?	
c. smoke tobacco in a pipe?	

C. ALCOHOL PREVALENCE

I am going to ask you several questions about drinks of alcohol. Count as a drink — a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor or a mixed drink. Count a 40 oz. bottle of beer as 4 drinks.

C1. Have you **ever**, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

- | | | | |
|---|----------------------|---|------------|
| 1 | YES (GO TO C1a) | 7 | DON'T KNOW |
| 2 | NO (GO TO SECTION D) | 8 | REFUSED |

C1a. Have you ever had twelve or more drinks in the same year?

- | | | |
|---|------------|---|
| 1 | YES | (GO TO C2) |
| 2 | NO | (STATE HAS THE CHOICE TO SKIP TO SECTION D) |
| 7 | DON'T KNOW | |
| 8 | REFUSED | |

C2. How old were you the **first time** you had a drink of an alcoholic beverage?

- | | | |
|----|------------|--------------------------|
| | YEARS OLD | (CODE 76 FOR 76 OR MORE) |
| 77 | DON'T KNOW | |
| 88 | REFUSED | |

C3. How long has it been since you **last** drank an alcoholic beverage?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | DON'T KNOW |
| 8 | REFUSED |

C4. During the most recent times you were drinking, on how many days during an average month did you have at least one drink?

- | | | |
|----|------------|--------------------------|
| | # OF DAYS | (CODE 76 FOR 76 OR MORE) |
| 77 | DON'T KNOW | |
| 88 | REFUSED | |

C5. During this same time, about how many drinks a day have you usually had when you did drink?

- | | | |
|----|-------------|--|
| | # OF DRINKS | (SKIP TO C6a, IF MALE AND >4 DRINKS A DAY,
OR FEMALE AND >3 DRINKS A DAY) |
| 77 | DON'T KNOW | |
| 88 | REFUSED | |

**[READ AS FOUR [4] DRINKS FOR FEMALES, AND FIVE [5] DRINKS FOR MALES
IN QUESTIONS C 6, C 6a, AND C 6b.]**

C 6. At any time in your life, did you **ever** have [4] [5] or more drinks on the same occasion?
(By occasion, we mean within several hours.)

- | | | | |
|---|------------------|---|------------|
| 1 | YES (GO TO C 6a) | 7 | DON'T KNOW |
| 2 | NO (GO TO C 7) | 8 | REFUSED |

C 6a. How long has it been since you had [4] [5] or more drinks on the same occasion?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | DON'T KNOW |
| 8 | REFUSED |

C 6b. (IF C 6a = 1 ASK C 6b1. IF C 6a = 2 OR 3 ASK C 6b2.)
C 6b1. In the past 30 days, on how many days did you have [4] [5] or more drinks on the same occasion?
C 6b2. In the 30 days when you last did that, on how many days did you have [4] [5] or more drinks on the same occasion?

	# OF DAYS	(CODE 76 FOR 76 OR MORE)
77	DON'T KNOW	
88	REFUSED	

C 7. At any time in your life, have you **ever**, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

- | | | | |
|---|----------------|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO (GO TO C 8) | 8 | REFUSED |

C 7a. When was the last time this happened?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | DON'T KNOW |
| 8 | REFUSED |

C 8. Have you **ever** thought that you might have a problem with alcohol?

- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO | 8 | REFUSED |

D. PREVALENCE OF OTHER SUBSTANCES

I want to ask some questions now about your use of other drugs that were **NOT PRESCRIBED** for you by your doctor or other health professional. You can just say yes or no as I read each drug.

(FIRST, READ ALL DRUG NAMES DOWN COLUMN D1. THEN FOR EACH "YES" DRUG IN D1, READ ACROSS EACH COLUMN IN TURN, FROM D2 TO D6. SKIP D4 AND/OR D5 TO COMPLY WITH INSTRUCTIONS FOR THESE QUESTIONS.)

D 1. Have you **ever**, even once, used [DRUG]?

- | | |
|--------------|---------------------|
| 1 YES | 7 DON'T KNOW |
| 2 NO | 8 REFUSED |

D 2. How old were you the **first time** you used [DRUG]?

- _____ **YEARS OLD** **(CODE 76 FOR 76 OR MORE)**
- 77 **DON'T KNOW**
- 88 **REFUSED**

D 3. How long has it been since you **last** used [DRUG]?

- 1 **Within the past 30 days**
- 2 **More than 30 days ago but within the past 12 months**
- 3 **More than 12 months ago [STATE HAS THE CHOICE GO TO D6 OR CONTINUE]**
- 7 **DON'T KNOW**
- 8 **REFUSED**

D 4. **(IF D3 = 1 OR 2 ASK D4a. IF D3 = 3 ASK D4b OR SKIP TO D6.)**

D 4a. During the past 12 months, on how many days did you have at least a little [DRUG]?

D 4b. During the 12 months when you last used [DRUG], on how many days did you have at least a little?

- _____ **# OF DAYS** **(CODE 76 FOR 76 OR MORE)**
- 77 **DON'T KNOW**
- 88 **REFUSED**

D 5. **(IF D3 = 1 ASK D5a. IF D3 = 2 OR 3 ASK D5b.)**

D 5a. During the past 30 days, on how many days did you use [DRUG]?

D 5b. During the 30 days when you last used [DRUG], on how many days did you use it?

- _____ **# OF DAYS** **(RANGE 1-30)**
- 77 **DON'T KNOW**
- 88 **REFUSED]**

D 6. Have you **ever** thought that you might have a problem with [DRUG]?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED]

D1 through D 6 - Drug Prevalence						
READ EACH DRUG UNTIL D1=YES, THEN READ ACROSS	D1 Ever Use	D2 Age 1 st Use	D3 Last Use	D4 #-12 Mos.	D5 #-30 Days	D6 Problem
1 Marijuana	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
2 Powder Cocaine	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
3 Crack Cocaine	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
4 Heroin	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
5 Pain Relievers or Other Opiates, such as Codeine or Percocet	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
6 Methamphetamine	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
7 Other Stimulants, such as Speed	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
8 Hallucinogens, such as PCP or LSD	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
9 Tranquilizers, such as Valium	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___
10 Sedatives, or Sleeping Pills	___	___ 1 ___	___	___ 1 ___	___ 1 ___	___

(STATES CAN ADD OTHER DRUGS. FOR ADOLESCENTS, ADD INHALANTS)
(AFTER TABLE IS COMPLETED, GO TO D7)

(ASK ALL RESPONDENTS)

D 7. Have you ever injected any drug in order to get high, even just once?

- 1 YES
- 2 NO (GO TO SECTION E)
- 7 DON'T KNOW
- 8 REFUSED

D 7a. How long has it been since you **last** injected a drug to get high?

- 1 Within the past 30 days
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 7 DON'T KNOW
- 8 REFUSED

E. ALCOHOL AND DRUG PROBLEM INDEX			
INTERVIEWER INSTRUCTIONS:			
ALCOHOL SCREEN: Ask questions for Alcohol (Columns A & B) ONLY IF:			
1. Alcohol was used once a week or more (in C 4) in the past 12 months (in C 3), AND			
2. Response was "YES" to ANY ONE of the following:			
C 8. Ever had a problem with alcohol, OR			
C 7a. Binged in the past 12 months, OR			
IF FEMALE: C 5. Averaged 3 or more drinks per occasion, OR			
C 6a. Had 4 or more drinks at least once in the past 12 months.			
IF MALE: C 5. Averaged 4 or more drinks per occasion, OR			
C 6a. Had 5 or more drinks at least once in the past 12 months.			
Ask alcohol questions in Problem Index below? ALC_SCRN. 1 YES 2 NO			
DRUG SCREEN: Ask questions for Drugs (Columns A & B) ONLY ONCE, and only if			
ANY drug was used once a month or more (D 4) in the past 12 months (D 3=1 or 2)			
For positive screen results (First for Alcohol, then for all drugs combined):			
Read questions E 1 to E 10 and record responses for Columns A and B.			
Substitute "alcohol" or "the drugs you used" for [SUBST] below.			
NOTE: The questions are to be asked only one time for "Drugs." Before asking the			
DRUG questions, read the following to the respondent:			
"I am going to ask you one set of questions about things that might have happened as a			
result of your using any of the drugs you have used in the past 12 months. I won't be			
asking which drug was responsible for any particular thing, but only if it happened.			
Before I start, you reported, that you used (recite drugs reported within past 12			
months in D 3). Is that correct?" (If NO, clarify and correct.)			
Ask drug questions in Problem Index below? DRUG_SCRN. 1 YES 2 NO			

- A. Was there ever a time when....
- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO | 8 | REFUSED |
- B. FOR EACH "YES" ASK: Did it happen in the past year?
- | | |
|---|---|
| 0 | YES (GO TO NEXT SYMPTOM) |
| 9 | NO [STATE HAS THE CHOICE: GO TO NEXT SYMPTOM OR CODE FOLLOWING DETAILS] |
- How long has it been since this last happened?
- | | |
|---|--------------------------------------|
| 1 | One year but less than two years |
| 2 | Two years but less than three years |
| 3 | Three years but less than four years |
| 4 | Four or more years |
| 7 | DON'T KNOW |
| 8 | REFUSED |

Diagnostic Questions Was there ever a time when...	Alcohol		Any Drug	
	A. Ever	B. When	A. Ever	B. When
E1. You spent a lot of time using [SUBST], (pause) getting over its effects, (pause), or obtaining it?				
E2. You used [SUBST] much more often (pause) or in larger amounts than you intended to?				
E3. Using the same amount of [SUBST] had less effect than before, (pause) or it took more to feel the same effect?				
E4. Your use of [SUBST] often kept you from working, (pause) going to school, (pause) taking care of children, (pause) or taking part in recreational activities?				
E5. Your use of [SUBST] caused you to have emotional or psychological problems—such as feeling uninterested in things, depressed, suspicious of people, or paranoid? [IF NO, RECORD AND GO TO E6.] [IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
E6. Your use of [SUBST] caused you to have any physical health problems? [IF NO, RECORD AND GO TO E7.] [IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
E7. You wanted to stop using, (pause) or cut down on [SUBST] more than once, but found that you couldn't?				
E8. You made rules about where, when or how much you would use [SUBST], and then broke the rules more than once?				
E9. You had any of the following symptoms as the effect of the [SUBST] was wearing off?				
E9a. Anxiety, sweating, hands trembling, or heart beating fast				
E9b. Trouble sleeping or having bad dreams				
E9c. Vomiting or feeling nauseous				
E9d. Seeing, hearing, or feeling things that weren't really there				
E9e. Feeling either very slowed down, or like you couldn't sit still				
E9f. Seizures or fits				
READ THE FOLLOWING 4 SYMPTOMS (I) FOR DRUGS ONLY:				
E9g. I Feeling exhausted, or sleeping more than you normally do				
E9h. I Diarrhea				
E9i. I Cramps or muscle aches				
E9j. I Eating either more or less than you usually do				
E10. You took [SUBST] to prevent or cure these problems?				

F. OTHER BEHAVIORS

F1. To F11. CODE THE NEXT QUESTIONS (F1 TO F11) IN THE BOX AS:

(IF ALC_SCRN AND DRG_SCRN = "NO" THEN SKIP F4, F5, F6, F7, and F11)

A. In the past 12 months ...

1 YES (GO TO B)

7 DON'T KNOW

2 NO (GO TO A)

8 REFUSED]

B. How many times did this happen?

_____ # OF TIMES

77 DON'T KNOW

88 REFUSED]

(IF ALC_SCRN = "NO" SKIP TO D.)

C. How many of these involved you drinking alcohol?

_____ # OF TIMES (CODE 6 OR MORE AS 6)

7 DON'T KNOW

8 REFUSED]

(IF DRUG_SCRN = "NO" SKIP TO NEXT QUESTION)

D. How many involved you using drugs?

_____ # OF TIMES (CODE 6 OR MORE AS 6)

7 DON'T KNOW

8 REFUSED]

In the past 12 months, ...	A. Y/N	B. Num	C. Alc	D. Drug
F1. Did you have any accidental injuries that required professional medical care?				
F2. Were you involved in any serious arguments?				
F3. Did you get into any physical fights?				
F4. Did friends, family members, or others complain about your using alcohol or drugs?				
F5. Did you drive at all after drinking or using drugs?				
F6. Were you arrested for driving under the influence of alcohol or drugs?				
F7. Were you arrested and booked for drunkenness or other liquor law violations?			X	
F8. Were you arrested and booked for possession or sale of drugs?				X
F9. Were you arrested and booked for any other violation of the law, other than minor traffic violations?				
F10. Were you on probation or parole at any time?				
F11. Did you do anything else that could be considered risky after you used alcohol or drugs?				

G. TREATMENT HISTORY

(IF BOTH C1 AND D1 ARE ANSWERED "NO" SKIP THIS SECTION)

The next questions are about counseling or treatment for alcohol or drugs, but not cigarettes or other tobacco. First I will ask about attendance at self-help group meetings. Do not include educational classes in any of your answers.

G1. Have you ever attended even one meeting of a self help group such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

- | | |
|-----------------|--------------|
| 1 YES | 7 DON'T KNOW |
| 2 NO (GO TO G2) | 8 REFUSED |

G1a. About how many self-help meetings have you ever attended in your entire life?

- 1 Less than 10
- 2 10 to 100
- 3 More than 100
- 7 DON'T KNOW
- 8 REFUSED

G1b. How long has it been since the last time you attended a self-help meeting?

- 1 Within the past 30 days
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 7 DON'T KNOW
- 8 REFUSED

Now I will ask about professional help, not including self-help groups or educational classes.

G2. Have you ever received treatment or counseling for your use of alcohol or any drug?

- | | |
|-------------------|--------------|
| 1 YES (GO TO G2a) | 7 DON'T KNOW |
| 2 NO (GO TO G8) | 8 REFUSED |

G2a. How many times in your life have you been in treatment or counseling?
 _____ # OF TIMES (RANGE 1 - 6 CODE MORE THAN 6 AS 6)

- 7 DON'T KNOW
- 8 REFUSED

G2b. Were you last in treatment or counseling ...

- 1 Within the past 30 days?
- 2 More than 30 days ago but within the past 12 months?
- 3 More than 12 months ago?
- 7 DON'T KNOW
- 8 REFUSED

G 3. What was the **main** place where you received treatment or counseling the last time?

- 1 Hospital overnight as an inpatient
- 2 Hospital emergency room
- 3 Residential drug or alcohol rehabilitation facility program
- 4 Outpatient drug or alcohol rehabilitation program
- 5 Outpatient mental health center
- 6 Private therapist or doctor's office
- 7 Prison or jail
- 8 Some other place
- 77 DON'T KNOW
- 88 REFUSED

G 4. The last time you received treatment or counseling, was it for...

- 1 Alcohol use only?
- 2 Drug use only?
- 3 Both alcohol and drug use?
- 7 DON'T KNOW
- 8 REFUSED

G 5. How did your treatment or counseling end?

- 1 Still in treatment (G O T O G 5c)
- 2 Successfully completed treatment (G O T O G 5b)
- 3 Left treatment before completing it
- 7 DON'T KNOW
- 8 REFUSED

G 5a. What was the **main** reason for not completing? Did you leave because ...

- 1 You had a problem with the program?
- 2 You couldn't afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again?
- 5 Staff discharged you
- 6 Some other reason: (specify) _____
- 7 DON'T KNOW
- 8 REFUSED

G 5b. How long did you stay in treatment or counseling the last time?

- _____ # OF DAYS/M ONTHS/YEARS (G O T O G 6)
- 77 DON'T KNOW (G O T O G 6)
- 88 REFUSED (G O T O G 6)

G 5c. How long have you been in treatment or counseling this time?

- _____ # OF DAYS/M ONTHS/YEARS
- 77 DON'T KNOW
- 88 REFUSED

G 6. Did any of the following sources pay **even part** of the cost of your last treatment?
 Answer yes or no to each as I read them. **[READ LIST OF SOURCES.]**

- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO | 8 | REFUSED |

Payment sources	C O D E	Payment sources	C O D E
G 6a. Private health insurance		G 6f. Family members	
G 6b. Medicare		G 6g. The State or the courts	
G 6c. Medicaid		G 6h. Military health care	
G 6d. Other public assistance program		G 6i. Employer	
G 6e. Your own savings or earnings		G 6j. Some other source	

(ASK G7 ONLY IF G 2b = 1 OR 2)

G 7. Were you enrolled in a treatment program for your alcohol or drug use on _____?
**[STATE WILL INSERT DATE OF MOST RECENT NATIONAL SURVEY OF
 SUBSTANCE ABUSE TREATMENT SERVICES (NSSATS). SEE NOTES]**
 Please include only formal inpatient or outpatient treatment you received at a hospital,
 drug rehabilitation facility, or mental health center.

- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO | 8 | REFUSED |

(IF C1 = "NO" THEN GO TO G9)

G 8. During the past 12 months, did you **need** treatment or counseling for your use of alcohol
 but did not receive it?

- | | | | |
|---|-----------------|---|------------|
| 1 | YES (GO TO G8a) | 7 | DON'T KNOW |
| 2 | NO (GO TO G9) | 8 | REFUSED |

G 8a. During the past 12 months, did you **try** to get treatment or counseling for your use
 of alcohol?

- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO | 8 | REFUSED |

(IF D1 = "NO" THEN GO TO H1)

G 9. During the past 12 months, did you **need** treatment or counseling for your use of drugs
 but did not receive it?

- | | | | |
|---|----------------------|---|------------|
| 1 | YES (GO TO G9a) | 7 | DON'T KNOW |
| 2 | NO (GO TO SECTION H) | 8 | REFUSED |

G 9a. During the past 12 months, did you **try** to get treatment or counseling for your use
 of drugs?

- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO | 8 | REFUSED |

H. ADDITIONAL DEMOGRAPHICS

Now I am going to ask you a few more questions about your background and living situation before we complete the interview.

H 1. Are you now attending or enrolled in school? By school, I mean any public or private school, GED program, trade school, or a college or university.

- | | | | |
|---|----------------|---|------------|
| 1 | YES (GO TO H2) | 7 | DON'T KNOW |
| 2 | NO (GO TO H1a) | 8 | REFUSED |

H 1a. How old were you when you stopped attending school?

_____ YEARS OLD (CODE 76 FOR 76 OR MORE)

- | | |
|----|------------|
| 77 | DON'T KNOW |
| 88 | REFUSED |

H 2. How much school have you completed?

- | | |
|----|----------------------------------|
| 0 | None |
| 1 | First through 8th grade |
| 2 | Some high school, but no diploma |
| 3 | High school graduate or GED |
| 4 | Some college, but no degree |
| 5 | Associate degree |
| 6 | College graduate |
| 7 | Advanced degree |
| 77 | DON'T KNOW |
| 88 | REFUSED |

H 3. Which one of the following best describes your current marital status. Are you ...

- | | |
|---|------------------------|
| 1 | Married? |
| 2 | Living as married? |
| 3 | Never married? |
| 4 | Divorced or separated? |
| 5 | Widowed? |
| 7 | DON'T KNOW |
| 8 | REFUSED |

H 4. Were you born in the United States?

- | | | | |
|---|----------------|---|------------|
| 1 | YES (GO TO H5) | 7 | DON'T KNOW |
| 2 | NO (GO TO H4a) | 8 | REFUSED |

H 4a. What country or U.S. territory were you born in?

COUNTRY OR U.S. TERRITORY: _____

H 4b. About how many years have you lived in the United States?

_____ # OF YEARS (CODE 76 FOR 77 OR GREATER)

- | | |
|----|------------|
| 77 | DON'T KNOW |
| 78 | REFUSED |

- H 5. What is your current work status?
- 1 Working full-time, 35 or more hours per week in one or more jobs (GO TO H 6)
 - 2 Working part-time (GO TO H 6)
 - 3 Not working at present (GO TO H 5a)
 - 7 DON'T KNOW
 - 8 REFUSED

H 5a. Are you not working because you are ...

- 1 A seasonal worker?
- 2 A full-time homemaker?
- 3 In school?
- 4 Retired?
- 5 Disabled for work?
- 6 Other?
- 7 DON'T KNOW
- 8 REFUSED

- H 6. Think now about the last 12 months. Did you have any children under 18 living with you most or all of the time?

- | | | | |
|---|------------------|---|------------|
| 1 | YES (GO TO H 6a) | 7 | DON'T KNOW |
| 2 | NO (GO TO H 7) | 8 | REFUSED |

H 6a. How many of these children did you have primary care responsibilities for? By primary care responsibilities, I mean that you fed and clothed them and took care of them.

_____ # OF CHILDREN

- | | |
|----|------------|
| 77 | DON'T KNOW |
| 88 | REFUSED |

[ASK ONLY FEMALES AGE 50 OR LESS. FOR OTHERS GO TO H 9.]

- H 7. Are you pregnant now?

- | | | | |
|---|-------------------|---|------------|
| 1 | YES (GOTO TO H 9) | 7 | DON'T KNOW |
| 2 | NO (GOTO TO H 8) | 8 | REFUSED |

- H 8. Were you pregnant at any time in the last 12 months?

- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO | 8 | REFUSED |

[ASK ALL RESPONDENTS]

Very often in health studies like this, information on the general area where people live is used for health planning purposes. For this reason, we would like to know your county of residence and five-digit zip code. (ENTER BOTH WITH LEADING ZEROS WHERE NEEDED)

- H 9. What county do you live in? ____ | ____ | ____ (USE FIPS CODES)

- H 10. What is your five-digit zip code? ____ | ____ | ____ | ____ | ____

- H 11. In studies like this, households are often grouped according to income. What was the total income of all persons in your household over the past year, including salaries or

other earnings, interest, retirement, and so on, for all household members combined?

[STATE HAS THE CHOICE TO USE EITHER ALTERNATE 1 OR ALTERNATE 2]

[ALTERNATE 1] First, please tell me whether you want to give your answer in dollars per week, every two weeks, month or year?

- 1 PER WEEK
- 2 BI-WEEKLY (every two weeks)
- 3 PER MONTH
- 4 PER YEAR
- 7 DON'T KNOW
- 8 REFUSED

[READ 'YOUR' INSTEAD OF 'YOUR HOUSEHOLD'S' IF S2 = 1.]

H11a. Now, if you added up [all your] [every household member's income], how much would it be each [week] [two weeks] [month] [year]?

\$ _____ (ENTER DOLLAR AMOUNT AS GIVEN)

- 0 NONE
- 7 DON'T KNOW
- 8 REFUSED

[ALTERNATE 2] Was it less or more than \$25,000 a year?

- 1 Less
- 2 More
- 7 DON'T KNOW
- 8 REFUSED

H11a. (IF ALTERNATE 2, H11 = 1, READ SET 1. IF ALTERNATE 2, H11 = 2 READ SET 2.)

[SET 1] W as it ...		[SET 2] W as it ...	
1	\$20,001 to \$25,000	6	\$25,001 to \$30,000
2	\$15,001 to \$20,000	7	\$30,001 to \$35,000
3	\$10,001 to \$15,000	8	\$35,001 to \$40,000
4	\$5,001 to \$10,000	9	\$40,001 to \$50,000
5	\$5,000 or less	10	\$50,001 to \$75,000
		11	Over \$75,000

____ (ENTER CODE)

- 77 DON'T KNOW
- 88 REFUSED

That completes our survey. We appreciate your time and cooperation. Your answers, along with those of others, will help us better provide for the residents of (STATE). We want to reassure you that your responses will be kept strictly confidential. Thank you so much. (GO TO J2)

J. CLOSING

- J1 a. Your household does not qualify for our survey. I appreciate your taking the time to speak with me. Thank you. **(GO TO J2)**
- J1 b. People who are younger than 18 years old are not eligible to be interviewed in this study. I appreciate your taking the time to speak with me. Thank you. **(GO TO J2)**
- J1 c. People who are on active duty in the armed forces are not eligible to be interviewed in this study. I appreciate your taking the time to speak with me. Thank you. **(GO TO J2)**

DATE AND TIME INTERVIEW ENDED:		
DATE: (MM:DD:YY)	___ ___ ___	
TIME: (HH:MM)	___ ___	AM =1 / PM =2: ___

COMPLETE REMAINING QUESTIONS AFTER ENDING PHONE CALL.

- J2. How would you (the interviewer) rate the quality of the information obtained in this interview?
- 4 Excellent (no problems at all) **(GO TO THE END)**
 - 3 Good (a few problems but overall comprehension good)
 - 2 Fair (a number of problems, but overall acceptable)
 - 1 Poor (many problems, overall quality open to question)
 - 0 Inadequate (Interview was terminated by interviewer, or quality judged too poor to be included in data set)
- J3. **(IF NOT EXCELLENT)** What were the reasons that the quality of information was less than excellent? **(CHECK ALL THAT APPLY.)**
- 1. Interview not in respondent's native language _____
 - 2. Hearing (hearing loss or background noise) _____
 - 3. Interruptions or distractions _____
 - 4. Poor phone connection _____
 - 5. Infirm (too old, weak, sick) _____
 - 6. Intoxication _____
 - 7. Respondent was rushed _____
 - 8. Respondent did not take interview seriously _____
 - 9. Respondent did not understand _____
 - the meaning of some of the questions.
 - 10. Respondent was offended by interview _____
 - 11. Respondent may not have been truthful _____
 - because someone else was listening
 - 12. Other (SPECIFY: _____)

THE END

STNAP Survey Notes

The STNAP survey instrument has been designed to meet several goals established by CSAT.

First, the information obtained by States will be standardized on key measures, for comparability across States. The measures are chosen to be (a) appropriate to express need, (b) compatible with existing surveys, and (c) comprehensible.

Second, the core instrument obtains the information necessary to assist in making reasonable estimates of treatment needs, and no more. As interesting as research is, the variability of interests among researchers precludes gathering even simple data on each area of interest.

Third, the questionnaire is designed to allow States a choice in key areas of interest.

Fourth, the questionnaire is designed to minimize administration time, thus allowing an increase in the number of interviews for a given amount of resources.

There are at least two major aspects of explanation necessary for the questionnaire, almost on a question by question basis. The informational purpose of the question will often need explanation, and the procedural aspects of the question, that is, how the interviewer will handle the information, must also be explained. These notes will handle both aspects, first by Section, and then by Question.

SCREENING QUESTIONS

- S1. Interviewers may use "residence" as a descriptor for "household" where necessary.
- S3. Interviewers may use "telephone lines" as a descriptor for "telephone numbers" where necessary.

The goals of the interviewer are to find out which adult had the most recent birthday, to identify and talk with that person, and to interview them. The skip patterns are designed to gather the information necessary to do this.

- S4. The "last birthday" method of respondent selection is presented here. States that wish to use other recognized methods may do so, although this method is recommended.

CORE DEMOGRAPHICS

- A1. If the person is selected, and then is found to be disqualified, no one else in the household is interviewed.

Age is 3 digits in this case mostly to get a higher missing value (i.e., 777). If we use only 2 digits, the missing value would be "77," and we would not obtain specific information on the population that is age 77 or greater.

- A 3. States may choose what languages to use, if any, in addition to English. States with low percentages of people of Hispanic heritage might choose not to use a Spanish version at all, since most Hispanics in such situations would speak English well enough to be interviewed in English. As an example, in a State where 10 percent of the population is Hispanic, and 85 percent of Hispanics speak English, 1.5 percent would not be interviewed because of a language problem. If weights are assigned to the Hispanic respondents to account for the difference, then the error introduced would be only the difference between abuse patterns of non-English and English speaking adults, and then for a very small proportion of the population. It is important for the State to continue to gather the core demographic information for any individual that cannot be interviewed due to a language barrier before terminating the interview, to assist in later analyses.
- A 4. Use the appropriate gender endings for the Spanish words. This is important to establish rapport.
- A 4a. Allow only one choice for this question.
- A 5. If respondent answers "yes" to being Hispanic and they fail to give a response to the categories in A 5, interviewer should probe. If respondent repeats that they are Hispanic, code this as "other".
- A 5a. Only one choice is allowed for this question.
- A 9a. States may insert State specific names for insurance entities in the appropriate category to assist in getting correct responses.

TOBACCO PREVALENCE

- B 1. States may choose to gather details on all respondents who have smoked one cigarette or more, or exclude those who have smoked less than 100 cigarettes in their lifetime. Both of these values are arbitrary. We could have chosen one "puff" or more, 20 cartons or more, etc. The distinction of 100 cigarettes is intended to differentiate those who were clearly experimenters, from those who had a real probability of having been what most of us would call "smokers." For treatment purposes, information is not needed on those who have never been "smokers."
- At the same time, some States have expressed a strong interest in gathering the information on any person who has ever smoked a cigarette. This provides CSAT and the States with the opportunity to make comparisons while allowing States to choose.
- B 4. This question and B 5 are designed simply to allow the interviewer to use correct tense in asking the questions. Keeping in mind that most surveys will be using CATI, it is actually more of an aid to the programmer than the interviewer, who will see only the correct tense on the computer screen.

- B 5b. If respondent needs clarification of equivalent pack portions of cigarettes, interviewer may use the following:

- 0 About 2 packs or more (more than 35 cigarettes per day)
- 1 About 1 1/2 packs (26 to 35 cigarettes per day)
- 2 About 1 pack (16 to 25 cigarettes per day)
- 3 About 2/3 pack (6 to 15 cigarettes per day)
- 4 2 to 5 cigarettes per day
- 5 1 cigarette per day
- 6 Less than one cigarette per day

Generally, this type of question is ordered beginning with the least amount and ends with the most amount. During pilot testing of the instrument, respondents suggested starting with 2 packs a day since most active smokers smoke a half pack or more per day and could stop the interviewer sooner.

- B 6. This and B 7 are designed to give the States the choice of gathering less (yes/no) or more (how often) information on the use of tobacco products other than cigarettes. As with any part of the survey, States may wish to include even more detail, and may propose this to CSAT. The single most important criterion for such expansions is to minimize disturbing the quality of information being gathered for the core.

ALCOHOL PREVALENCE

- C 1a. As with cigarettes, the States have a choice to exclude those whose drinking is or has been so minimal as to be unnecessary for assessing treatment need. Again, the choices of values are arbitrary, and in this case are higher than for cigarettes, based on feedback from reviewers.
- C 4. The wording for this and C 5 has been kept "tense inclusive." Our choice was to use the same tense specifications as with cigarettes, or to ask as we did here. We believe that in this case, the present wording suffices, but we welcome criticism.
- C 6. After much review and debate over what defines heavy drinking for males versus females, we opted to use the choices that have recently been used by some prestigious surveyors. Remembering that our goal in this section is to maximize both specificity and sensitivity of screening, we chose the lower level of 4 drinks for females.
- C 6b. The choice presented here is to allow for correct grammatical tense. The question is designed to elicit information on heavy drinking both in the current year and before that. This information, coupled with drinking patterns from C 3, C 4, C 5, and C 7 will provide the State with rich probabilistic choices for estimating treatment need.

PREVALENCE OF OTHER SUBSTANCES

We have decided to include a brief glossary of Drug Categories designed to assist interviewers in understanding which drug types fit into which categories. It is NOT meant to be an all-encompassing list of "street" names, which change over time and by location, and are best developed by each State. (See Drug Categories list at the end of these notes.)

Instructions for Questions D1 through D6:

A lert interviewers to potential problems of "set response" that occurred in two forms during testing. First, as a single question is read for each drug, one after the other, the respondent may start to anticipate the question. This is acceptable, as long as they appear to fully understand it. Perhaps the interviewer should read the question again after the first time the respondent anticipates it. The second form of a potential problem occurs when the respondent responds to the previous question when a new question is asked. The interviewer can avoid this by using care as each new question is given.

D 3. This question allows the choice of skipping the detailed questions except for drugs used in the last 12 months.

D 4. This question asks about use in the prior 12 months, but allows the State to skip the question for those whose last use was more than 12 months ago. Questions D 4a and D 4b are designed to give the correct tense to the question, based on when the respondent last used.

The original wording of Question D 4a (and similarly for D 4b) was:

During the past 12 months, did you have at least a little [DRUG]...

- 1 Almost every day
- 2 3 to 5 days a week
- 3 1 or 2 days a week
- 4 1 to 3 days a month
- 5 Less than once a month
- 6 Not at all
- 7 DON'T KNOW
- 8 REFUSED

Questions D 4a and D 4b were, and still are, designed to give the correct tense to the question, based on when the respondent last used.

During the Cognitive Pilot Test conducted in December 2000, the following was noted:

The interviewers found this series of choices as tedious as the subjects did. All were in strong agreement that this type of question should be simplified, including all similar ones in the questionnaire.

The recommendation was to ask the question with the response:

_____ # OF DAYS

The National Household Survey on Drug Abuse (NHSDA) asks a similar question which is worded:

Now think about the past 12 months, from [FILL DATE] through today. We want to know how many days you've used [DRUG] during the past 12 months.

Then the NHSDA asks: What would be the easiest way for you to tell us how many days you've used it?

- 1 Average number of **days per week** during the past 12 months
- 2 Average number of **days per month** during the past 12 months
- 3 Total number of days during the past 12 months

The purpose of the question is to determine how often a person used a drug in the past year. Those on the STNAP Survey Core Protocol Committee wanted to include questions related to the past 12 months in the survey because they felt it is a more stable measure of drug use than past 30 days, given that some occasional users actually use less than once a month.

States may ask the question using either of the two above approaches, in addition to the approach now taken in the questionnaire.

- D 5. This question follows the line established in D 4, and provides the proper tense for the question, based on when the user last used.

Note that some respondents might have skipped out prior to this question, based on State choice. The question is correct for anyone that ends up here correctly. It just looks like it might not be.

- D 6. This question is primarily intended to be part of the screen for asking diagnostic questions, hence it was decided not to put it into a time frame.

Drug List: States have the option of adding drugs to the List to respond to local or regional information needs. (See Drug Category list at the end of these notes.)

- D 7. It is appropriate to ask this question of all respondents, since we have not previously established that they never used drugs other than those we listed. Even though the categories we offer include virtually all drugs of abuse, it doesn't hurt to be sure.

ALCOHOL AND DRUG PROBLEM INDEX

The questions in this section are designed to be asked once for alcohol, and once for all drugs that have been used in the past 12 months. States may ask the set of questions of one or more specific drugs in addition to the set relating to all drugs. CSAT would be interested in one or more States conducting split sample or other types of comparative tests on this aspect of the survey in particular.

Alcohol Screen: The logic for the Alcohol Screen in an abbreviated format is as follows:

(C 4 AND C 3) AND (C 8 OR C 7a OR [C 5 OR C 6a])

Note that **[C 5 OR C 6a]** has different values for male and female respondents.

- A . If the response is "no" to this question for any specific drug, the State has the choice to skip getting details, and go on to the next drug. Information on problems prior to the past 12 months is not of as great assistance in establishing current diagnosis of dependence as

more recent problems. A gain, C S A T welcomes any proposal to conduct comparative tests of the methodology as a supplemental study.

OTHER BEHAVIORS

This set of questions is designed to elicit information on negative behavioral consequences of substance use, beyond that collected in the diagnostic section. These data can assist in providing planners with better estimates for specific subpopulations at risk.

Part B gathers information on the total number of times the event happened, while Parts C and D get specific information on whether alcohol or other drugs are involved. The sum of the two can be greater than the number of events, if both alcohol and drugs are involved in the same episodes.

- F 7. This question and F 8 have one blocked cell each. The data that would go in that cell, should be exactly the same as the data in Part B for that question. Asking it twice will confuse the respondent and lead to the need to explain, or correct responses.

TREATMENT HISTORY

- G 5. This question has a skip pattern to allow appropriate questions for those still in treatment.
- G 6. As with A 9, States may add comments to clarify names of entities specific to their area.
- G 7. The State will insert the date of the most recent N S S A T S client census (usually October 1st of the survey year. Even though the data in any one State will undoubtedly be too sparse to provide meaningful information, this might not be true at a more global level, hence this question has been included. It is appropriately asked only of those who have already reported having been in treatment in the last 12 months.
- G 8. This and G 9 are asked only of those reporting any prior use of the relevant substances. Those whose last use is prior to the last 12 months are asked, on the off chance that they might have felt the need for treatment, and abstained as a result.

ADDITIONAL DEMOGRAPHICS

- H 7. The purpose of H 7 and H 8 is to measure the extent to which females who have been pregnant in the last 12 months have used alcohol or drugs.
- H 10. FIPS Codes at the county level are required. States can also obtain municipal codes if desired. Codes are issued by the National Institute of Standards and Technology. The most recent are available at: <http://www.nist.gov/ttl/fipspubs/55new/nav-top-fr.htm>
- H 11. Income is an absolutely necessary component in identifying the portion of those in need of treatment whose income warrants publicly funded treatment. To serve the strict needs of treatment planning, one needs to know only whether the respondent meets State criteria, which vary by State, usually from "poverty level" to two times poverty level.

Two options for income are available. The first offers more precision, and can be specified in as much detail by the State as desired, but should be provided to C S A T at the level of thousands of dollars.

The second option is designed to collect data with less precision, but with less interviewer and respondent energy. The first of the two answer sets in the second option tells only if the respondent's household income is less or greater than \$25,000. This figure might suffice for many analytic needs. The second answer set provides the income within a \$5,000 range.

CLOSING

- J1. States may add any closing statement appropriate to the survey. C S A T asks to be notified of any such additions.

A statement regarding referral to health professionals was not included. The State should develop one appropriate to the interviewing circumstances, and have available a list of referral agencies by geographic area and by speciality, for at least treatment and prevention of substance abuse problems, including family needs.

Drug Categories for the STNAP Survey

The following list of drugs for each of the STNAP Survey categories are examples and are by no means all inclusive. The drugs are grouped into categories according to their legal usage and the conditions they are meant to treat. Benzodiazepines, therefore, fall into two categories. For example, the tranquilizer category includes Xanax and Klonopin and the sedative category includes Restoril. States may want to include questions on drugs such as GHB, Rohypnol, Ecstasy, Ketamine or Special K separately for their own use.

MARIJUANA - including Hashish and Hash oil. Also called "pot", "grass", "reefer", and many other street names.

POWDER COCAINE - including freebase or coca paste

CRACK COCAINE - in rock or chunk form

HEROIN

PAIN RELIEVERS OR OTHER OPIATES, SUCH AS CODEINE OR PERCOCET

(use examples above of Oxycontin or Vicodin instead??? The pharmacist consultant said there is no such thing as codeine by itself. It is an ingredient in other products.)

We are not interested in use of "over-the-counter" pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription. We are interested in use of any form of prescription pain relievers that were not prescribed for the respondent or that he took only for the experience or feeling they caused.

Products containing codeine such as	Morphine (Demerol)
Tylenol with codeine	Oxycontin
Darvocet	Percocet
Darvon	Percodan
Dilaudid	Stadol
Fioricet	Talacen
Fiorinal	Talwin, Talwin NX
Lorcet	Tylox
Lortab	Vicodin
Methadone	Ultram

METHAMPHETAMINE - also called "crank", "crystal" or "ice"

OTHER STIMULANTS, SUCH AS SPEED

Use of drugs such as amphetamines that are known as "uppers", or "speed". People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of "over-the-counter" stimulants, such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor's prescription.

Benzedrine
Cylert
Dexedrine
Didrex
Fastin

Ionamin
Plegine
Ritalin
Tenuate

HALLUCINOGENS, SUCH AS PCP OR LSD

These drugs often cause people to see or experience things that are not real.

LSD, also called "acid"
PCP, also called "angel dust" or phencyclidine
Peyote
Mescaline
Psilocybin
"Ecstasy", also called MDMA

TRANQUILIZERS, SUCH AS VALIUM

Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Sometimes called "nerve pills".

Tranquilizers or muscle relaxers (Consultant preferred muscle relaxers in title.)

Atarax
Ativan
BuSpar
Equanil
Flexeril
Klonopin
Librium
Limbitrol

Rohypnol
Serax
Soma
Tranxene
Valium
Vistaril
Xanax

SEDATIVES, OR SLEEPING PILLS

Sedatives or barbiturates are also called "downers" or "sleeping pills". People take these drugs to help them relax or to help them sleep. Not interested in the use of "over-the-counter" sedatives such as Somnex, Unisom, Nytol, or Benadryl that can be bought in drug stores or grocery stores without a doctor's prescription.

Amytal	Nembutal
Butisol	Phenobarbital
Chloral Hydrate	Restoril
Dalmane	Seconal
Halcion	Tuinal

INHALANTS - breathable chemicals that produce mind altering vapors. Inhalants are ingested by "sniffing", "snorting" (through the nose), "bagging" (inhaling fumes from a plastic bag), or "huffing" (stuffing an inhalant soaked rag into the mouth). Slang terms include: laughing gas, rush, whippets, poppers, snappers. There are about 1400 products potentially usable as inhalants and they are grouped into four classes.

Volatile solvents: gasoline, paint thinners, glue, cleaning solutions, etc.

Aerosols: spray paints, etc.

Anesthetic agents: chloroform, ether, oil and grease solvents

Amyl, butyl, and isobutyl nitrates: such as room fresheners

ATTACHMENT #1

COST PROPOSAL

(Any deviation from this format may result in disqualification of proposal)

UTAH SUBSTANCE ABUSE TREATMENT NEEDS REQUEST FOR PROPOSAL - COST PROPOSAL	
CONTRACT ITEM	COST
Finalize sampling plan with the Division and do the weighting	
Pre-Test the questionnaire with 25 respondents	
Finalize the questionnaire with the Division	
Telephone list	
Train the interviewers	
5,200 Interviews	
Estimated Average call time costs	
Estimated Extended call time costs	
Bi-weekly updates to the Division	
Bi-weekly report of call outcomes	
Final call outcome data	
Other costs (itemize each)	
TOTAL COSTS:	

ATTACHMENT # 2

“OFFEROR PROPOSAL CHECKLIST”

Offeror Proposal Checklist: The Offeror will complete this checklist to ensure all requirements are met. This checklist must be included in the proposal as described in section V.E.

Offerer Proposal Checklist	
OFFEROR NAME:	
	Offeror Verification
Evaluation Criteria	(mark indicates compliance)
V. Proposal Format	
A. RFP Form	
B. Letter of Transmittal	
C. Executive Summary	
D. Assign A Point of Contact	
E. Checklist	
F. Detailed Discussion	
1. Narrative Overview	
2. Scope of Work (Statement)	
3. Scope of Work (Technical)	
a. Contractor Pre-test	
b. Timeline	
c. Phone Numbers (1) List Balance	
(2) Obtaining Phone Numbers	
d. Interviewer Training	
e. Bilingual Interviewers (1) Routing System	
(2) Flag	
f. Weighting Requirements	
g. Scheduled Callback Appointments	
h. Refusal Conversions	
i. Survey Response Rate	
4. Project Timeline	
5. Sample Codebook	
6. References	
7. Resumes	
8. Staff Assignments	
G. Cost Proposal	
H. Reference Format	
VI. Appendix	
A. Offeror Information	
1. Legal Name	
2. Authorized Representative	
3. Mailing Address	
4. Billing Address	
5. Certification of Incorporation	
6. Tax Forms (W-9)	
7. Proposal Statement	
8. Conflict of Interest Form	

ATTACHMENT # 3

TELEPHONE SURVEY - SOLICITATION #RM5019 RFP EVALUATION SCORESHEET

Firm Name: _____

Evaluator: _____

Date: _____

Score will be assigned as follows:

- 0 = Failure, no response
- 1 = Poor, inadequate, fails to meet requirement
- 2 = Fair, only partially responsive
- 3 = Average, meets minimum requirement
- 4 = Above average, exceeds minimum requirement
- 5 = Superior

		Score	Weight (0-5)	Points
1. Scope of Services (40 points possible)		----	----	----
Contractor Pre-test	5.0 points possible		X 1	
Timeline for Preliminary Testing	2.5 points possible		X 0.5	
Phone Number	5.0 points possible		X1	
Interviewer Training	10.0 points possible		X2	
Bilingual Interviewers	2.5 points possible		X0.5	
Scheduled Callback Appointments	2.5 points possible		X0.5	
Refusal Conversion	2.5 points possible		X0.5	
Survey Response Rate	5.0 points possible		X1	
Sample Codebook	2.5 points possible		X0.5	
Staff Assignments	2.5 points possible		X0.5	
2. Experience (10 points possible)		----	----	----
Resumes	5 points possible		X1	
Reference from similar projects	5 points possible		X1	
3. Project Timeline (10 points possible)		----	----	----
Estimated timeline to complete project	10 points possible		X 2	
4. Cost (40 points possible)	40 points possible			* Inserted by Purchasing
TOTAL EVALUATION POINTS	100 points possible		Total	

* Purchasing will use the following cost formula: The points assigned to each offerors cost proposal will be based on the lowest proposal price. The offeror with the lowest Proposed Price will receive 100% of the price points. All other offerors will receive a portion of the total cost points based on what percentage higher their Proposed Price is than the Lowest Proposed Price. An offeror whose Proposed Price is more than double (200%) the Lowest Proposed Price will receive no points. The formula to compute the points is: Cost Points x (2- Proposed Price/Lowest Proposed Price).